INTERIM REPORT
OF THE
COMMISSION ON EXCELLENCE
IN HEALTH CARE

Indiana
Legislative Services Agency
200 W. Washington St., Suite 301
Indianapolis, Indiana 46204-2789

October, 2002

INDIANA LEGISLATIVE COUNCIL
2002

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Commission on Excellence in Health Care

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October 1, 2002

A copy of this report is available on the Internet. Reports, minutes, and notices are organized by committee. This report and other documents for this Commission can be accessed from the General Assembly Homepage at http://www.state.in.us/legislative/.

Commission on Excellence in Health Care

I. STATUTORY AND LEGISLATIVE COUNCIL DIRECTIVES

The Indiana General Assembly enacted legislation (P.L.220-2001) directing the Commission to study the quality of health care, including mental health, and develop a comprehensive statewide strategy for improving the health care delivery system. The Commission is required to do the following:

(1) Identify existing data sources that evaluate quality of health care in Indiana and collect, analyze, and evaluate this data;
(2) Establish guidelines for data sharing and coordination;
(3) Identify core sets of quality measures for standardized reporting by appropriate components of the health care continuum;
(4) Recommend a framework for quality measurement and outcome reporting;
(5) Develop quality measures that enhance and improve the ability to evaluate and improve care;
(6) Make recommendations regarding research and development needed to advance quality measurement and reporting;
(7) Evaluate regulatory issues relating to the pharmacy profession and recommend changes necessary to optimize patient safety;
(8) Facilitate open discussion of a process to ensure that comparative information on health care quality is valid, reliable, comprehensive, understandable, and widely available in the public domain;
(9) Sponsor public hearings to share information and expertise, identify best practices, and recommend methods to promote their acceptance;
(10) Evaluate current regulatory programs to determine what changes, if any, need to be made to facilitate patient safety;
(11) Review public and private health care purchasing systems to determine if there are sufficient mandates and incentives to facilitate continuous improvement in patient safety;
(12) Analyze how effective existing regulatory systems are in ensuring continuous competence and knowledge of effective safety practices.
(13) Develop a framework for organizations that license, accredit, or credential health care professionals and health care providers to more quickly and effectively identify unsafe providers and professionals and to take action necessary to remove an unsafe provider or professional from practice or operation until the professional has proven safe to practice or operate;
(14) Recommend procedures for development of a curriculum on patient safety and methods of incorporating the curriculum into training, licensure, and certification requirements;
(15) Develop a framework for regulatory bodies to disseminate information on patient safety to health care professionals, health care providers, and consumers through conferences, journal articles and editorials, newsletters,

publications and internet web sites;
(16) Recommend procedures to incorporate recognized patient safety considerations into practice guidelines and into standards related to the introduction and diffusion of new technologies, therapies, and drugs.
(17) Recommend a framework for development of community-based collaborative initiatives for error reporting and analysis and implementation of patient safety improvements;
(18) Evaluate the role of advertising in promoting or adversely affecting patient safety;
(19) Evaluate and make recommendations regarding the need for licensure of additional persons who participate in the delivery of health care to Indiana residents;
(20) Evaluate the benefits and problems of the current disciplinary systems and make recommendations regarding alternatives and improvements;
(21) Study and make recommendations concerning the long term care system, including self-directed care plans and the regulation and reimbursement of public and private facilities that provide long term care; and
(22) Study any other topic required by the Chairperson.

The Legislative Council assigned the following additional study topics to the Commission for 2002:

(1) Self-directed care and expansion of personal care services (HR65).
(2) Reduction in the number of birth defects (HCR6).
(3) Improving cancer outcomes; health care coverage of costs related to oncology clinical trials (SR24).

II. SUMMARY OF WORK PROGRAM

The Commission met two times before October 1, 2002.

On **August 20, 2002**, the chairpersons of the four subcommittees of the Commission reviewed the process, framework and progress of each subcommittee. The four subcommittees were created by the Commission in the three-year work plan adopted during the 2001 interim. The four subcommittees are:

(1) Health Care Data and Quality;
(2) Health Care Professions;
(3) Patient Safety; and
(4) Long Term Care.

The Commission adopted the reports of the subcommittees and assigned additional study topics to the subcommittees. Reduction in the number of birth defects and the cancer outcome improvement topics were added to the work plan for the Health Care Data and Data Quality Subcommittee. The Long Term Care Subcommittee agreed to examine the issue of self-directed care. The Commission also requested that the Health Care

Professions Subcommittee include the issue of the nursing shortage as a topic to be studied.

The Commission requested that Beverly Richards, DSN, RN, arrange a meeting of the subcommittee chairs to discuss the problem of overlap of topics and coordination of the issues examined by the subcommittees.

On **September 17, 2002**, Beverly Richards, DSN, RN, reported on the meeting of the subcommittee chairpersons. The subcommittee chairpersons concluded that while the issues under investigation are global in nature, the various work plans approach the subjects from different perspectives. The subcommittee chairpersons decided to continue to meet to review the progress and coordination of the work of the four subcommittees during the next year.

The Commission asked if the Legislative Services Agency could assist the subcommittees by making the internet site available and helping with necessary mailings.

The Commission discussed and adopted a legislative proposal to extend the deadline for the final report to October 31, 2003.

The Long Term Care Subcommittee presented preliminary findings and recommendations that may result in legislation to be offered in the upcoming legislative session. The Commission took no action regarding this presentation.

The Commission adopted the outline of the interim report due October 1, 2002.

The Commission scheduled a third meeting for October 22, 2002.

IV. SUMMARY OF TESTIMONY

The Commission heard testimony from the following subcommittee chairpersons:

Sam Nussbaum, M.D., Chairman, Health Care Data and Quality Subcommittee
Dr. Nussbaum described the Health Care Data and Quality Subcommittee process and framework. The Subcommittee has established three work groups; (1) Data and Data Source; (2) Developing the Framework; and (3) Data Accessibility in the Public Domain. Dr. Nussbaum reported on the progress of the work groups and confirmed that they were ready to proceed with the next year's work plan.

Beverly Richards, DSN, RN, Chairperson, Health Care Professions Subcommittee
Dr. Richards reported that the Health Care Professions Subcommittee had formed three work groups to examine the following issues: (1) patient safety; (2) disciplinary process; and (3) pharmacy. Dr. Richards reviewed the progress of the work groups and several improvements recommended by the work groups that were being administratively

implemented.

Kim Dodson, Chairperson, Long Term Care Subcommittee
Ms. Dodson related that the size of the group working on this issue and the scope of the subject assigned to be covered necessitated the formation of three work groups. The three work groups are: (1) Quality Assurance; (2) Nursing Home Issues; and (3) Parallel Systems. Ms. Dodson commented on the need for coordination among the subcommittees to avoid duplication of effort. She reported that the Long Term Care Subcommittee was prepared to proceed with the second year of the work plan.

Eleanor Kinney, J.D., MPH, Chairperson, Subcommittee on Patient Safety
Professor Kinney reported that the Patient Safety Subcommittee had established four work groups to study the following issues: (1) the administration of anesthesia in physician's offices; (2) the delivery of attendant care services to the aged, blind, and disabled by unlicensed personnel; (3) the coordination of, and reporting systems for, errors to state programs that address consumer complaints about patient safety; and (4) medication errors in hospitals, particularly those with computerized medical records systems. Professor Kinney commented that overlap of subjects also appeared to be a problem for this subcommittee. She added that the Subcommittee was ready to move forward with the second year work plan.

The Commission also heard testimony from the following individuals:

Melissa Durr, Executive Director of the Indiana Association of Area Agencies on Aging
Ms. Durr presented a preliminary proposal for potential legislation developed by the Long Term Care Subcommittee for the Commission's review. The recommendations were as follows:

(1) Eliminate the financial eligibility differences between the Medicaid entitlement for nursing home admission and the Medicaid Home and Community-Based Waivers;
(2) Adopt the federal spousal impoverishment guidelines for waiver services eligibility;
(3) Develop a state program of incentives and community assistance to build the availability of providers and caregivers for the community-based continuum of care;
(4) Create a caregiver support program; and
(5) Develop state programs to provide incentives to nursing facilities to convert long term care beds to alternative uses.

Jennifer Cohn, R.N., Stroke Coordinator, Clarian Health
Ms. Cohn gave a brief report on the stroke problem in Indiana. She cited statistics on stroke and heart attacks for the State as well as associated risk factors.

Dr. Anna Miller, Indiana Director of Cancer Control, Great Lakes Division of the American

Cancer Society

Dr. Miller gave a brief report on the purpose, status, and process of cancer registry data. She commented that the American Cancer Society (ACS) supports voluntary compliance with cancer registry requirements rather than regulatory mandates. She added that the ACS is advocating for more resources for the cancer registry; ACS believes that Tobacco Settlement funds would be an appropriate source of additional funding.

W I T N E S S L I S T

Jennifer Cohn, R.N., Stroke Coordinator, Clarian Health and
Co-Chairperson of Community Outreach for Operation Stroke.

Kim Dodson, Chairperson, Long Term Care Subcommittee,
and Director of Governmental Relations and Development, The ARC of Indiana.

Melissa Durr, Member, Long Term Care Subcommittee,
and Executive Director of the Indiana Association of Area Agencies on Aging

Eleanor Kinney, J.D., M.P.H.,Chairperson, Safety Subcommittee
and Professor, Indiana University School of Law.

Dr. Anna Miller, Indiana Director of Cancer Control,
Great Lakes Division of the American Cancer Society.

Sam Nussbaum, M.D., Chairman, Health Care Data and Data Quality Subcommittee
and Chief Medical Officer, Anthem Insurance.

Beverly Richards, D.S.N., R.N., Chairperson, Health Care Professions Subcommittee.